

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 5		
1. CONTRACT PURCH ORDER/AGREEMENT NO. <div style="border: 1px solid black; padding: 2px;">DAAE20-99-D-0145</div>			2. DELIVERY ORDER/CALL NO. <div style="border: 1px solid black; padding: 2px;">0008</div>		3. DATE OF ORDER/CALL (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">2003SEP02</div>		4. REQUISITION/PURCH REQUEST NO. <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>		5. PRIORITY <div style="border: 1px solid black; padding: 2px;">DOA5</div>			
6. ISSUED BY TACOM-ROCK ISLAND AMSTA-LC-CTR-E REGINA GONZALES (309)782-0140 ROCK ISLAND IL 61299-7630 EMAIL: GONZALESR@RIA.ARMY.MIL			CODE <div style="border: 1px solid black; padding: 2px;">W52H09</div>		7. ADMINISTERED BY (If other than 6) <div style="border: 1px solid black; padding: 2px;">DCMA LONG ISLAND 605 STEWART AVE GARDEN CITY NY 11530-4761</div>			CODE <div style="border: 1px solid black; padding: 2px;">S3309A</div>		8. DELIVERY FOB  <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)</div>		
9. CONTRACTOR  NAME AND ADDRESS <div style="border: 1px solid black; padding: 2px;">AUTODYNE MANUFACTURING CO. INC. 200 NORTH STRONG AVE. P. O. BOX 623 LINDENHURST, NY. 11757-0623</div>			CODE <div style="border: 1px solid black; padding: 2px;">05584</div>		FACILITY <div style="border: 1px solid black; padding: 2px;"></div>		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>		11. X IF BUSINESS IS <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED</div>			
12. DISCOUNT TERMS <div style="border: 1px solid black; padding: 2px;">Net 30 Days</div>			13. MAIL INVOICES TO THE ADDRESS IN BLOCK <div style="border: 1px solid black; padding: 2px;">See Block 15</div>									
14. SHIP TO <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>			CODE <div style="border: 1px solid black; padding: 2px;"></div>		15. PAYMENT WILL BE MADE BY <div style="border: 1px solid black; padding: 2px;">DFAS-COLUMBUS CENTER DFAS-CO-JNB/BUNKER HILL P O BOX 182077 COLUMBUS OH 43218-2077</div>				CODE <div style="border: 1px solid black; padding: 2px;">SC1016</div>		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2	
16. TYPE OF ORDER <div style="border: 1px solid black; padding: 2px;">DELIVERY/ CALL <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/></div>												
THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.												
Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.												
furnish the following on terms specified herein.												
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.												
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED (YYYYMMDD)</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:         </div>												
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>												
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT		
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price  KIND OF CONTRACT: Supply Contracts and Priced Orders										
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA HOWARD J LEWIS /SIGNED/ LEWISH@RIA.ARMY.MIL/ (309)782-3506 BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL \$4,641.00		
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED												
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28. SHIP. NO.		29. D.O. VOUCHER NO.		30. INITIALS			
f. TELEPHONE NUMBER					g. E-MAIL ADDRESS					33. AMOUNT VERIFIED CORRECT FOR		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		34. CHECK NUMBER			
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER							35. BILL OF LADING NO.			
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.		

CONTINUATION SHEET	<div>Reference No. of Document Being Continued</div> <div>PIIN/SIIN DAAE20-99-D-0145/0008MOD/AMD</div>	Page 2 of 5
Name of Offeror or Contractor: AUTODYNE MANUFACTURING CO. INC.		

SUPPLEMENTAL INFORMATION

1. THIS DELIVERY ORDER, 0008, TO CONTRACT DAAE20-99-D-0145 IS ISSUED FOR 13 EACH CHEST, TOOL KIT, NSN: 5140-01-386-4683.
2. THIS ORDER IS PLACED DURING PRICING PERIOD 4 (1 OCT 2002 - 30 SEP 2003) AT A UNIT PRICE OF \$357.00, FOR A TOTAL PRICE OF \$4,641.00.
3. DELIVERY IS 90 DAYS AFTER RECEIPT OF ORDER, FOB DESTINATION.
4. AS OF THE DATE OF THIS DELIVERY ORDER 0008, A TOTAL CONTRACT QUANTITY OF 139 EACH HAVE BEEN ORDERED. THIS LEAVES A TOTAL CONTRACT QUANTITY OF 11 EACH STILL AVAILABLE TO BE ORDERED UNDER THIS CONTRACT.
4. ALL OTHER TERMS AND CONDITIONS OF CONTRACT DAAE20-99-D-0145 REMAIN UNCHANGED.

\*\*\* END OF NARRATIVE A 001 \*\*\*

**Name of Offeror or Contractor:** AUTODYNE MANUFACTURING CO. INC.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	NSN: 5140-01-386-4683 FSCM: 19200 PART NR: 12950971 SECURITY CLASS: Unclassified				
0001AH	<u>PRODUCTION QUANTITY</u>  NOUN: CHEST, TOOL KIT PRON: M131TG39M1      PRON AMD: 01      ACRN: AA AMS CD: 070011  <u>Packaging and Marking</u>  <u>Inspection and Acceptance</u> INSPECTION: Origin      ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC                          SUPPL <u>REL_CD</u> <u>MILSTRIP</u> <u>ADDR</u> <u>SIG_CD</u> <u>MARK FOR</u> <u>TP_CD</u> 001   W52H093238A504   W25G1U       J                          2 <u>DEL_REL_CD</u> <u>QUANTITY</u> <u>DEL_DATE</u> 001                          7                          02-DEC-2003  FOB POINT: Destination  SHIP TO: <u>FREIGHT ADDRESS</u> (W25G1U)    XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND           PA 17070-5001  <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-99-D-0145/0008  DOC                          SUPPL <u>REL_CD</u> <u>MILSTRIP</u> <u>ADDR</u> <u>SIG_CD</u> <u>MARK FOR</u> <u>TP_CD</u> 002   W52H093238A505   W62G2T       J                          2 <u>DEL_REL_CD</u> <u>QUANTITY</u> <u>DEL_DATE</u> 001                          6                          02-DEC-2003  FOB POINT: Destination  SHIP TO: <u>FREIGHT ADDRESS</u> (W62G2T)    XU DEF DIST DEPOT SAN JOAQUIN 25600 S CHRISMAN ROAD REC WHSE 10 PH 209 839 4307 TRACY                                   CA 95376-5000  <u>CONTRACT/DELIVERY ORDER NUMBER</u>	13	EA	\$_____357.00000	\$_____4,641.00

<p align="center"><b>CONTINUATION SHEET</b></p>	<p align="center"><b>Reference No. of Document Being Continued</b>  <b>PIIN/SIIN</b> DAAE20-99-D-0145/0008 <b>MOD/AMD</b></p>	<p align="right"><b>Page</b> 4 of 5</p>
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PIIN/SIIN DAAE20-99-D-0145/0008 MOD/AMD

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	DAAE20-99-D-0145/0008				

**AMOUNT**

Name of Offeror or Contractor: AUTODYNE MANUFACTURING CO. INC.

CONTRACT ADMINISTRATION DATA

										JOB					
LINE	PRON/	OBLG								ORDER	ACCOUNTING		OBLIGATED		
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>						<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>			
0001AH	M131TG39M1	AA	2	97	X4930AC6G	6D		26FB	S11116		W52H09	\$	4,641.00		
070011															
												TOTAL	\$	4,641.00	
SERVICE										ACCOUNTING		OBLIGATED			
<u>NAME</u>	<u>TOTAL BY ACRN</u>		<u>ACCOUNTING CLASSIFICATION</u>							<u>STATION</u>	<u>AMOUNT</u>				
Army	AA		97	X4930AC6G	6D		26FB	S11116		W52H09	\$	4,641.00			
												TOTAL	\$	4,641.00	